Commonwealth of Pennsylvania - Campaign Finance Report
(Note: This report must be clear and legible. It should be typed)

the control of the co	16 Tepor titust be clear and	te Committee Lobbyist
Filer Identification Number	Report Filed By Candidat (Mark X)	
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE TO	EKET JOHN T. LOOM 13, Sheriff
Street Address	405706 JO	Hes LANE
City ERIC	State	PA. Zip Code 16505
Type of Report (Place x under report type)		
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post	4-6th Tuesday 5-2nd Friday	6-30 Day Post 7-Annual Special 2 nd Friday Special 30 Day
Pre-Primary Pre-Primary Primary	Pre-Election Pre-Election	Election Pre-Election Post-Election
	Vo.	Amendment Jermination
Date Of Election (MM/DD/YYYY)	Year	Report Report
Summary of Receipts and From Date	To Date	For Office Use Only
Expenditures 1/-28 -/	7 12-31-17	
A. Amount Brought Forward From Last Repo	t \$ 4,38934	
B. Total Monetary Contributions and Receipt (From Schedule I)	s \$) P
C. Total Funds Available (Sum of Lines A and B)	\$ 4,289.34	2:5
D. Total Expenditures (From Schedule III)		
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 4,28934	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 2,20000	
	Affidavit Se	ection
Part 1- If this is a Committee report, treasurer sign I swear (or affirm) that this report, including the at	here. If this is a Candidate report, or tached schedules on pages, is to the	candidate sign here. e best of my knowledge and belief true, Correct and complete.
Sworn to and subscribed before me this	N	M. A. KVDer
day of January 20 18	0 1 m 3 9 0 0	Signature of Person Submitting report
Sonia Welt	Noan Noan Expire	Printed Name
My Commission expires 4-3-19	NWEALTH NOTES COmmission	
	WWEALT NOTION Toma With Clip of E Commission	Area Code Daytime Telephone Number
Part II- If this is a report of a Candidate's Authoriz	ed Committee, candidate shall sign	here.
I swear (or affirm) that to the best of my knowled amended.	ge and belief this political dommitte	se has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	COM	16-5-1-
of Januaryo 1		Signature of Candidate
Signature Signature	NWEALTH OF P NOTARIAL SE Tonia Wilt, Notary City of Erie. Erie C Commission Expires ENNSYLVARIA ASSOCI	Printed Name
My Commission expires 11-3-19	WEALTH OF P NOTARIAL SE NOTARIAL SE Tonia Wilt, Notary City of Erie. Erie C minission Expires NSYLVARIA ASSOC	814 451-G064 Area Code Daytime Telephone Number
MO. DAY YR.	OF P IAL SE/ Notary . Erile O Expires Associ	
	Public Venty April 3, 2	
	201 J	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number CTE John T.L	رەدر	415, SheriFF
1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1) \$	None
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	Ş	
All Other Contributions (Part B)	(2)	
	(2) \$	
3. Contributions Over \$250.00 (From Part Cand Part D)		
Contributions Received from Political Committees (Part C)	,	
All Other Contributions (Part D)		\$
	(3) 3	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC: (From Part E)		
Total for the reporting period	(4) 5	\$ \

Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

Cover Page, Item B)

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer identification Number	CIE;	TOHNT. LO	omis Sheriff	2.
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	None
House # Street Add	ress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY]	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Full Name of Contributing Committee		and the second s	Datë [MM/DD/YYYY]	
House # Street Add	ress		Date [MM/DD/YYYY]	100 100 100 100 100 100 100 100 100 100
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee	- see a world		Date [MM/DD/YYYY]	
House # Street Add			Date [MM/DD/YYYY]	X
City	State	Ziń Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Add	iress		Application of the second of t	5
City	State	Zip Code		
Full Name of Contributing Committee		A Company of the Comp	Date [MM/BD/YYYY]	5
House # Street Add	iress		Date [MW/DD/YYYY]	
City	State	Zip Code		\$ 1
Full Name of Contributing Committee				\$2
House # Street Add	dress			\$
Giv	State	Zip Códe	Date [MM/DD/YYYY]	5

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

CTE JOHN T. L	DOMIS Sheriff
Full Name of Contributor	Date (MM/DD/WWY) SS NONC
House # Street Address	Data [MM/DD/XYYX] #\$
City State Zip Code	Date (MM/BD/XXYX)
Full Name of Contributor	Date [MM/DD/YYY] \$
House# Street Address	Date [MM/DD/YYYY] 65
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/XXXX] \$
House # Stréet Address	Date [MM/DD/YYYY] \$
City State Zip Code	Bate [MM/Db/MYM] \$
Full-Name of Contributor?	Date [MW/DD/YYYY] \$
House# Speet Address	@Date [MIM/DD/YYYY] \$
City State Zip Code	@Date:[MIM/DD/YYYY]
Full Name of Contributor House # Street Address	Date [MM/DD/YYYY] \$
	Date [MM/DD/YYYY] \$
City State Zip Code Suppose State Zip Code Suppose Sup	Poats (MM/DD/AYYY) 25
House # Street Address	Date:[MM/DD/YYYY] \$
	Date [MM/DB/YYYY] 35
City State Zip Code	Spece (Many 207) 1 1 1 1 1 2

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer identification Number:	(E.J.	ohw T.L	DOMIS:	Sheriff	
Full Name of			, Pate [N	AIM7/DD/AYAYA) S	ggi mir na ri sang li karasib man
Contributing Committee			Seguip a Planting of y meningan critical		Nove
House # Street Address			Date (A	/IM/DD/YYYY] \$	·
GIE	State	Zip Gode	Date (N	AM/DD/YYYY] 5	
Full Name of Contributing Committee			Date ()	/IM//DD/YYYY1 S.	
House# Street Address			aDate [N	AM/DD/YYYYI S	
City 1	State	Zip:Code	Đặtế (lì	MM/DD/YYYY] \$.	
Full Name of Contributing Committee		(ACCOMPANIES CANADA)	Dace (AM/DD/YYYYY] \$5	
House# Street/Address			Date (I)	MM/DD/YYYY] 5	
Siy	State	Zip Code		VIM//DD/YYYY/I 55	
Full Name of Contributing Committee			Spare(i)	VIM/DD/YYYYI \$	
House # Street Address			C Annual Control of the Control of t	MM/DD/YYYY] \$	
City.	State	Zip Göde		MM/DD/YWWI \$	
Full Name of Contributing Committee			Date [VIM/DD/XXXXI S	
House# Street/Address			Construction of the Constr	ýiM/DD/YYYYI S	
Peity	State	Zip Code		VIIV/DD/AVAAILa S	
Full Name of a Contributing Committee				VIIW/DD/YYYY1 S.	
House # Street Address				VIM/ĐĐ/YYYY] \$	
Gifty	State	Zip Code	Date	MM/DD/YYYY] 5	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

		the state of the s	Control of the Contro	
File: Identification Number:	1 1 1	JOWT. LOG	MIS Sheriff	

	reging of the transfer grown	nn ganne seening ei het kolon seelige kan belande beland k	@Date [MIM/DD/YYYYI] \$	
Full Name of Contributor			No	Ne
House # Street Address			Date [MM/DD/YYYY] .5	
Gity	State	zip code	Date [MM/DD/YYYY] 25	
Employer Name	PSIAMAGASCONI	The state of the s	Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MIM/DD/WW] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City.	State	ZID Gode	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Eull Name of Contributor			Date [MM/DD/YYYY] \$	
House# Street Address			Date [MM/DD/YYYY] \$	
(City)	State	Zip Code	Date [MM/DD/YYYY] S	
Employer Name Employer Mailing Address /			Occupation	
Principal Place of Business	and a supply of the supply of the supply of	ren er skriver og er til en skriver om er med en er eg efter		
Full Name of Contributor			Date [MM/DD/YYYY) \$	
House#! Street Address			Date [MW/DD/XYYX] \$	
- Gity	State:	۷ip Code	Date [MM/DD/WYY] \$	
EmployerName			Occupation	
Employer Mailing Address / Principal Place of Business				<i>J</i> ·

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

ili es e

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

OF JO	>W T. Lo	XXY IS Steri	FF.
			A1 10 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10
	EUE OF SECONO ORGESS	PERICONTRIBUTION	
(1)	\$		
**************************************	tato: szenynéviepolyepvi	M /	2.54(2)
(2)	\$	10	
RECEIVED VALUE OVER \$250	OU(GROWPARTG)	•	
(3)	T\$ T		
	. 1 1	and the selection of the second second contract of the second contra	
n F)	NO CINE		
	(1) SRECEIVED VALUE OF \$50:0 (2) RECEIVED VALUE OVER \$25 (3) BUTIONS DURING THIS REPO	NTRIBUTIONS REGEIVED VALUE OF \$50.00 OR LESS IN (1) \$ SRECEIVED VALUE OF \$50.01 TO \$250.00 (EROM PART G) (2) \$ RECEIVED VALUE OVER \$250.00 (FROM PART G) (3) \$ SUTIONS DURING THIS REPORTING tals from boxes 1, 2, and 3; also enter	RECEIVED VALUE OF \$50.00 (EROM PARTIE) (2) \$ RECEIVED VALUE OVER \$250.00 (EROM PARTIE) (3) \$ SUTIONS DURING THIS REPORTING tals from boxes 1, 2, and 3; also enter

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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Filer Identification Number:	^	· · · · · · · · · · · · · · · · · · ·	
	/ \		Shape I faller
		- 10HM / LOWYIS	SACKII
			and all the second of the seco

Füll Name of Contributor	Date [MM/DD/YYYY] S A JONE
House # Street Address	Date [MM/DD/YYYY] \$ / C
City State Zip Code	Date IMIM/DD/YYYY1 \$
Description of Contribution	
·Full:Name of Gontributor	Date [MM/DD/XYYY] \$
Höüse# Street Address	Date (MM/DD/YYYY) \$
City State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	
Full Name of Contributor	Date IMIM/DD/YYYY1 \$
House # Street Address	*Date [MM/DD/XYYY] \$
City State /Zip Code	Date [MM/DD/YYYY] 55
Description of Contribution	
Full Name of Contributors	Date [MM/DD/XYXY] \$
PHOUSE # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date MM/DD/YYYY) \$5.
Description of Contribution	The second was a self-friend surviva as a self-friend second self-friend second second self-friend second s
Full-Name of Contributor	Date [MM/DD/YYXM] \$
House # Street Address	Date [MM/DD/YYYY] \$
Gity State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Numbers CIFE JOHN T. Loc	MIS STERIFF.
The state of the s	
Full Name of Contributor	Date [MM/DD/YYYY] S
House # Street Andress	Date [MM/DD/YYYY] S
House # Street Address	The state of the s
City State Zip Code	Date [MM/DD/YYYY] S
Employer Name	*Occupation
Employer Malling Address / Principal	Description
Place of Business	of Contribution
Full Name of Contributor	Date IMM/DD/YYYYI \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	*Date:[MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	Epate [MIM/DD/YYYY] \$
House# Street Address	Date [MM/DD/XYYY] \$
City State Zip Code	*Date [MIM/DD/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name of Contributor	"Date (MM/DD/AYYY) \$
House # Street Address	Date [MIM/DD/YYYY] \$
City State Zip Gode	*Date [NIM/DD/XYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution

Statement of Expenditures

Filer Identification Number: 00 Date [MM/DD/YYYY] S To Whom Paid CTE. JIM WINARSKI Description of Expenditure

Boll ake 5 To EvasT Street Address House # City Zip Code Date [MM/DD/XYYY] \$1 To Whom Paid CTE 10/28/17
Description of Expenditure Description of Expenditure

JILLETS TO (MAPPILLE) EVANT House # Zip Code State City To Whom Paid Police Athlectic League Street Address House # 1)=2007722 State City Zip Code To Whom Paid Date [MM/DD/YYYY] : 5 Description of Expenditure House # Street Address Zip Code : City State Date [MM/DD/YYYY] : \$ To Whom Pald. Description of Expenditure House # Street Address Zip Code City State Date MM/DD/YXYYI \$ To Whom Paid Description of Expenditure Street Address House# Zip Code City State Date [MM/DD/YYYY] S Tó Whom Raid Street Address Description of Expenditure House# State Zip Code City Date [MM/DD/YYYY] S To Whom Paid Street Address House # Description of Expenditure State Zip Code City

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

File (identification Number

	CIE JUNIVI	LOOM 13 , Sh	CRITT.
		7	
Name of Creditor.		NDIDITE	Outstanding Balance of Debt
House # Stre	eet Address	DATE DEBT INCURRED	5
1033	West 3 PD 51	[MM/DD/YYYY] /-1-13	
Gity	State On	SECURING SECURI	2,200 00
	ERIC PA	- ZIP Code /65 CV	
Description of Debt	INITIAL COMPAIEN =	STATUO.	
Name of Greditor	INTIAL (DAPATER =	JUNIOJ.	
			Outstanding Balance of Debt
House # Stre	et Address E	DATE DEBT INCURRED [MM/DD/YYYY]	\$
	15 (16) 15 (16		
Gity	State	Zip /	
Description of Debt		Code	
Name of Graditor		er anglik semenan da ambanagan pengangan kerajan di pengangan patan m Ba	
			Outstanding Balance of Debt
House # Stre	et Address	PATE DEBT INCURRED [MM/DD/YYYY]	
Gity	State	Zīp "	
in the second second		Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House # Stre	et Address D	ATE DEBTINGURRED	<u> </u>
		[MM/DD/YYYY]	
	1000000	Sec. Company	
Gity .	State?	Zip Code	
Description of Debt	Logical State Stat	198220-5284-30897-23	*****
Name of Creditor			Outstanding Balance of Debt
House # Stre	et Address D		
		[MM/Db//YYYY]	
City	State	Zip & S	
		Code	
Description of Debt	· ————————————————————————————————————		
Name of Creditor		artine datus en er	
	A CONTRACTOR OF THE CONTRACTOR		Outstanding Balance of Debt
House # Stre	ret:Address P	ATE DEBT INCURRED [MM/DD/YYYY]	S
City	State	Zip	
		Code	
Description of Debt			
		an Marian da Santa da Marianda da Marianda	